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RESEARCH ARTICLE

**Psycho-Social and Financial Problems of Cancer Patients:
An Empirical Study**

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ABSTRACT:

Cancer is one of the major non-communicable diseases which increase morbidity and mortality in India. Many people become victims due to Cancer. WHO (2008) define Cancer as a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Cancer can start almost anywhere in the human body, which is made up of trillions of cells. The present study is conducted to understand the psycho-social and financial problems of Cancer patients and find out the responsibilities of medical and psychiatry social workers in cancer settings. It is a quantitative study that adopted the descriptive research design. The purposive sample is employed and collected data from 50 cancer patients through a structured interview schedule. The study found that 27.5% of the respondents were diagnosed with blood cancer, followed by 25.5 per cent of the respondents diagnosed with breast cancer, and 13.7 per cent of the respondents diagnosed with lung cancer. It is observed that in many (70.6%) patients' history or family history one was affected with cancer or died with cancer. It is found that 30 per cent of the respondents have weakness of the body, (25%) fear the future, (25%) fear the treatment, (16%) have depression and (15%) have anxiety, (12%) have Distress, (8%) isolation, (5%) loss of focus and (4%) self-Harm. This shows that the majority have weakness of the body followed by fear of the future and treatment, anxiety and Depression. The majority of respondents or patients lost jobs (25.5%) followed by (23.5%) of respondents who stopped business and lost attachment to their families and the least stopped farming after being admitted to hospital because of cancer. The study suggested that the government should initiate more cancer treatment centers because is a costly treatment in the private sector.

KEYWORDS: Health, Cancer, psychological problems, social work profession.

INTRODUCTION:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948). Disease is an abnormal condition of an organism which interrupts normal bodily functions that often leads to feeling of pain and weakness, and is usually associated with symptoms and signs (WHO, 1949). There are two types of diseases i.e. communicable diseases and non-communicable diseases. Cancer is one of the major non-communicable diseases which increase morbidity and mortality in India. Many people become victims due to Cancer. Cancer as a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Hickey. S. and Hillary. J. (2007) stated that normally, human cells grow and multiply (through a process called cell division) to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place. Sometimes this orderly process breaks down, and abnormal or damaged cells grow and multiply when they shouldn't. These cells may form tumours, which are lumps of tissue. Tumours can be cancerous or not cancerous.

According to Shrivasta.S. P, Elhence.A et al (2022) the most commonly diagnosed cancers are breast cancer, germ cell tumour, sarcomas, lymphoma, brain tumour, cervical carcinoma, colorectal and thyroid cancer. It is estimated that the number of people living with cancer in India is around 26.7 million and is Cancer in early adult life is associated with infertility, sexual dysfunction, cardiovascular disease and a second cancer. AYA cancer patients of 15 to 39 years encounter more anxiety, depression, psychological distress, and face difficulty in getting knowledge of cancer, treatment, and stress related to this as compared with contemporaries living without cancer. The psychological distress due to treatment and toxicities can result in loss of school, altered social profile, distorted relationships, high expenses, poor sexual life, and poor survival. Studies reported that most of the adult patients diagnosed with cancer suffer from disease- or treatment-related adverse effects. The cancer-related distress was defined as an unpleasant experience of psychological, social, spiritual, and physical symptoms that may interfere with the ability to cope effectively with cancer treatment. Every year, nearly 14 lakh new cancer patients are identified in India. Nearly 8.5 lakh people died from Cancer in India. The number of cancer cases in the country is projected to go up from 14.6 lakh in 2022 to 15.7 lakh in 2025 (Vaitheeswaran Kulothungan et al. 2022). Cancers of the oral cavity, stomach and lungs account for over 25% of cancer deaths in males. And cancer of the uterine cervix, breast and oral cavity account for 25% of cancers in females (Cancerindia, 2023). 1,31,345 cancer patients are living in the state of Andhra Pradesh and it is estimated that 1,57,023 patients by 2022 (K Kalyan Krishna Kumar, 2022).

REVIEW OF LITERATURE

Lewandowska et al. (2020) study found that patients diagnosed with cancer have a high level of unmet needs, especially in terms of psychological support and medical information. These needs are priority areas that should be addressed in order to improve the care of cancer patients. It is found that dissatisfaction with medical information is linked to the development of anxiety and depression. A key challenge for the oncology team is to identify high-risk patients. It is important to distinguish experiencing and transient suffering related to cancer from excessive, disabling suffering requiring psychiatric intervention.

Gayatri et al. (2021) conducted a study with secondary data on the quality of life of cancer patients at palliative care units in developing countries. She found that advanced cancer patients who were older, married/ever married, participated in additional care within PC, used complementary and alternative medicine (CAM), and practised spirituality/religiosity showed higher quality of life scores. Low educational levels and high depression were associated with a lower quality of life.

Borah et al. (2022) stated that cancer is found as one of the leading causes of death before the age of 70 years in 112 out of 183 countries. The cost of cancer treatment at the household level is also growing. As a result, poor households suffer disproportionately from the financial effects of the costs of treatment for cancer. Thus, for a household, cancer poses an economic burden, which refers to both direct and indirect costs involved during the entire treatment period, due to the prolonged medical treatment, out-of-pocket (OOP) expenditures, which is again a part of the direct cost of treatment, loss of productivity, and premature deaths. The economic burden of cancer patients for a 5 to 7-week cancer therapy including radiotherapy represents approximately 330%–450% of the monthly per capita income of the family. Thus, for most patients, treatment of cancer was unaffordable. Most anti-cancer drugs are unaffordable for the common masses because of their high and varied prices.

Surendra et al. (2022) the increase in cancer rates in India over the last decade have placed a significant psychosocial burden on patients and their families. The study found that the majority (60.3%) of the sample reported a moderate to high level of emotional distress. There were significant associations ($P < .05$) of younger age, awareness of diagnosis, prognosis, sleep issues, and physical pain with higher levels of distress. Patients who were aware of their diagnoses were more likely to report moderate ($P < .01$) or severe distress ($P < .05$) than those who were unaware. Patients who were aware of their prognoses were less likely to report moderate distress ($P < .001$) and severe distress ($P < .001$).

Ngcebo Precious Dlamini & Abraham Mutluri's (2023) study found that the respondents who got cancer treatment know about Post Traumatic Stress Disorder (PTSD). The highest scoring items were "I am having strong physical reactions when something reminds me of the stressful experience" ($M=3.92$, $SD=0.24$) and "Feeling distant from people" ($M=3.92$, $SD=0.24$). The lowest scoring item was "I suddenly feel or act as if the stressful experience was happening again" ($M=3.42$, $SD=0.22$). It was evident that cancer patients and their families had little knowledge and awareness of cancer illnesses had more PTSD. The patients after being diagnosed with skin cancer, most participants changed their ways, especially around unprotected sun exposure. Most of them and their families had (since the skin cancer diagnosis) changed their lifestyles to be more aware of sun protection and skin cancer prevention.

SCOPE OF THE STUDY:

Cancer is one of the most dangerous diseases which increase the mortality of humans in the world. One in nine people are likely to develop Cancer in his/her lifetime and Lung Cancer and Breast Cancer is leading sites in Male and Females respectively. Now cancer is identified among Children, Men, Women and the Elderly. This was not only happening to the all-special groups mentioned hence it was going to shade lighter on that. Patients living with cancer may face many psychosocial, health and financial problems. It is understood in the review of literature, a few studies conducted by the social scientist related to this topic. Those studies were conducted in other cities of India and the sample size is very less. In this connection, the presented is proposed to understand the psychosocial and financial problems of the cancer patients of Visakhapatnam, India.

OBJECTIVES:

- (1) To study the socio-economic and demographic profile of the respondents
- (2) To understand the psycho-social and financial problems of Cancer patients in Visakhapatnam.
- (3) To study the expectations of people with cancer and caregivers from the government
- (4) To find out the responsibilities of medical and psychiatry social workers in cancer settings

RESEARCH METHODOLOGY:

This study is conducted in the Visakhapatnam city of Andhra Pradesh. It is known for a lot of beach sites and has beautiful tourist areas and temples in the southern part of India. It is one of the important places for cancer treatment and more than 95 per cent of the cancer patients belonging to North Andhra are getting treatment in different hospitals in Visakhapatnam. The present study was conducted with patients of Mahatma Gandhi Cancer Hospital in Visakhapatnam during the fieldwork of researchers. It is a quantitative research and this study employed the descriptive research design. This study adopted a simple random sampling method to identify the respondents. People in the area that have Cancer patients, Caregivers and professionals who have been close to the area/Hospitals and have experience for many years were selected for interviews and to respond to questions. Every member of the population involved in this form of selection had an equal chance of being selected to form part of the study. The data was collected from 50 respondents through a structured, pretested interview schedule. All 50 respondents were interviewed. The face-to-face interview technique was employed in all instances. Vague replies were probed further using non-directive questioning. All the interview responses were recorded. The interview schedule was pre-coded. Data collected through the interview schedule was edited for any errors. The descriptive data were analysed by using a statistical package for social sciences (SPSS) and generated tables then data was interpreted.

ETHICAL CONSIDERATION:

The entire research process was conducted with due respect, principles and values to ethical considerations in research. The researcher also was minded about treating the respondent's views with the utmost confidentiality. A high degree of openness regarding the purpose and the nature of the research was observed by the researcher. The right channels of Hospital entry approaches were used properly; the researcher first met the Supervisor and hospital coordinator of the hospital to ask for permission to survey their respective place. After the study, the results were used for the intended purpose and the complete report was submitted to the Department of Social Work, Andhra University,

RESULTS AND DISCUSSION:

Personal Information of the Cancer Patients

The study requested the respondents and collected data about their Age, Gender, Language, Caste, education level, marital status, occupation, Type of employment, if they have identity cards, Religion, type of family, income of the family, and if any habits with the cancer patient and presented below.

Table 1: Demographic characteristics of respondents (N=50)

Demographic characteristic	Parameters	Frequency	Percentage's (%)	Demographic characteristic	Parameters	Frequency	Percentage's (%)
Age	Average 31-60	12	23.08	Marital status	Married	22	43.1
					Divorced	2	3.9
					Single	21	41.2
					Window	5	9.8
					Others	2	2
Gender	Male	27	51.9	Occupation	Employed	17	33.3
	Female	25	25		Unemployed	11	21.6
					Student	11	21.6
					Business	5	9.8
					Others	7	13.7

Level of education	Illiterate	13	25	Income of family	Below poverty line	42	80.8
	Below 10th class	12	23.1		Above poverty line	8	15.4
	Below graduation	9	17.3				
	Inter and above	18	34.6				
Caste	OC	4	8	Type of Cancer	Blood cancer	14	27.5
	BC	35	70		Breast cancer	13	25.5
	SC	6	12		Lung cancer	7	13.7
	ST	5	10		Throat cancer	1	2
					Cervix Cancer	2	3.9
					Brain Cancer	1	2
Religion	Hindu	35	67.3				
	Christian	14	26.9				
	Islam	2	3.8				
	others	1	1.9				

The average age of the entire respondents was calculated and averaged to be 31-60 years. This is normally a post-retirement age, and an age domain where many of the Indian population are plagued by infections like cancer. While the life expectancy for India stands at 70 years, the data in the above table revealed that majority (51.9%) of the respondents are male and the remaining 25 per cent are female. The results also revealed that majority of the respondents (n=25) is illiterate and only 9 are below graduation and this can be largely true because the respondents are a pool of old people whom during their prime years in India, education was not fully standardized. India's caste system is among the world's oldest forms of surviving social stratification. The system essentially divides Hindus into rigid hierarchical based on karma and dharma, which is simply working class. Most of the respondents fell under the Backward Caste (BC) (n=35) category and the least respondents fell under the Open Category (OC) (n=4). Otherwise, most Indians fall under the OC because of the developing economy of the country while Scheduled Castes (SCs) are officially designated groups of people in India. The SCs are sometimes referred to as Dalit. The Scheduled Castes comprise about 16.6 per cent of India's population (according to the 2011 census) Osman et al (2021).

Lastly, the results also reveal that most of the respondents come from middle income families 80.8% and only fewer 15.4% are from high income setups. This conforms to the fact that India is a high populated country with a developing estate economy. The findings revealed that majority of the respondents 27.5% are affected by Blood cancer (Leukemia) followed by Breast cancer with 25.5 % and the least of this category are affected by Brain and Throat Cancer (n=1). As per the Globocan data (2020) in India, BC accounted for 13.5% (178361) of all cancer cases and 10.6% (90408) of all deaths with a cumulative risk of 2.81. Poor lifestyle and excessive body weight can be the two major risk factors for breast cancer post menopause.

Findings related to psychosocial problems of cancer Patients:

1. It is found that 27.5% of the respondents diagnosed with blood cancer, followed by 25.5 per cent of the respondents diagnosed with breast cancer, 13.7 per cent of the respondents diagnosed with lung cancer.
2. It is found that the majority (70.6%) of the respondents have family history had cancer; it is observed from the research that many patients' history or family history one was affected with cancer or died with cancer.
3. The majority (88.2%) of the respondents claimed that they receive treatment among them 39.2% are receiving Chemotherapy treatment.
4. It is found that 30 per cent of the respondents have weakness of the body, (25%) fear of the future, (25%) fear about the treatment, (16%) has depression and (15%) anxiety, (12%) has Distress, (8%) isolation, (5%) loss of focus and (4%) self-Harm. This shows that majority has weakness of the body followed by fear of future and treatment, anxiety and Depression.

Findings related to financial problems of cancer Patients:

1. The majority of respondents or patients' loss jobs with (25.5%) followed with (23.5%) respondents who stopped business and loss attachment to their families and the least stopped farming after being admitted at hospital because of cancer.
2. The majority of (64%) said yes, they lose things after being diagnosed with cancer while (36%) said they did not loss anything.
3. The majority shows that (34%) of the respondents lose money, (25.5%) lost business capitals and the Lowest was (8.5%) respondents who lost Jobs.
4. The majority stated that (63.1%) of respondents spent nothing on treatment while (36.9%) spent some money on treatment based on their different reasons since the researcher observed that others are supported with Arogya Sree scheme, health employment insurance and others are international or from other countries.

Government and Non-government organization Support:

1. The majority (51%) of respondents tell someone about the role in stopping psychosocial and financial problems, while (21.6%) respondents stand together with their families and finally (29.4%) of respondents do not share with anyone or they are keeping it to themselves.
2. The majority of (46.9%) doubted the information, while (32.7%) of respondents said they do not know if there is any organization or any program that helps in eradicating Psychological, Financial and Social problems and (20.4%) said yes they know.
3. The respondents who said yes they know initiatives or ways of eradicating psychological, financial and social problems. Out of maybe and yes frequency only 19 mentioned the exact responses while others could not. So (42.1%) of respondents mentioned Social services while (21.1%) said Doctors, others mentioned professional counsellors (10.6%) and non-government organizations, the least was Aarogya Sree and Social Workers with (5.3%).
4. Majority of (72.5%) respondents said yes while (27.5%) said they do not have the Aarogya Sree card. Some of the responses show the ignorance of the society and family members concerning the existing support services offered to correspondents.
5. Majority of (76.5%) of respondents said they do not have social welfare pensions and (23.5%) said yes or they have social welfare pensions. The researcher observed that majority do not know and they are not receiving social welfare pension.
6. Majority of (33.3%) respondents suggested that being unhygienic can be reason for on to become a cancer patient, while (26.1%) of respondents said Smoking causes cancer, other (14.2%) respondents suggested that delays on cancer checkups can cause cancer, (19%) suggested that delays on treatments can cause cancer and (7.1%) respondents said they do not know causes of cancer. The researcher observed that out of 52 respondents only 42 were able to suggest on causes of cancers.

SUGGESTIONS AND RECOMMENDATIONS:

The following are suggestions given for curbing the Psychosocial and Financial problems of cancer patients in Visakhapatnam, India.

1. The study suggests that the respondents should be given enough induction on how to handle themselves during treatment since being sympathetic is a vice that could curtail their psychological and survival well-being in the society or institution.
2. The researcher suggests that there is a need for psychological counselling since some of the respondents portrayed that they were feeling bad and worse which sympathetic nor develop negative attitudes due to the feelings correspondents have towards their perceptions on how the condition will affect or is affecting them.
3. Due to families' explanations in the research, caregivers and families shows that they have certain weaknesses and they fail to provide their responsibilities and support for example, love and emotional support to people on cancer treatment.
4. There is a need for social support from the government and other stake holders since Most people with cancer are aware of health services and rehabilitation but there are very few who can access these services due to the poor process of referral from hospitals and expensiveness of the institutions.
5. The researcher suggests that there is a need for awareness campaigns since many People with cancer go to health facilities and rehabilitation for treatment, counselling and therapy but it shows that others consult traditional healers for treatment and they delay the treatment.
6. The organizations and government of India should strengthen their initiatives in eliminating and eradicating psychosocial and financial problems of cancer patients where there should be awareness taking place in different places, cities, districts or communities in order for the people to be educated on the problems, the effects and challenges of cancer.

Social work implications:

1. Medical social workers help patients and their families in need of psychosocial. Medical social workers assess the psychosocial functioning of patients and families and intervene as necessary.
2. The role of a medical social worker is to "restore balance in an individual's personal, family and social life, in order to help that person, maintain or recover his/her health and strengthen his/her ability to adapt and reintegrate into society.
3. Social workers' "Interventions" may include connecting patients and families to necessary resources and support in the community such as preventive care; providing psychotherapy, supportive counselling, or grief counselling; or helping cancer patients to expand and strengthen their network of social support.
4. Medical social work Professionals in this field typically work with other disciplines such as medicine, nursing, physical, occupational, speech and recreational therapy. It is observed that social workers are part of the

treatment at the cancer hospital.

5. In the hospital setting, discharge planning is often the primary task assigned to social workers, a task for which their clinical skills prove critical, as they work one-on-one with patients and their families to plan for life after their hospital stay.
6. Medical social workers help cancer patients think through the impacts of their diagnosis, whether it's work situations, telling their children, anxiety and depression, or other changes that cause concern.
7. Social workers at the cancer hospital, help with Counselling to patients who are suffering from anxiety and depression, and, on the deepest level of face-to-face contact, help with all the complicated emotional and psychosocial aspects of cancer diagnosis, treatment, and survivorship. These emotions are unique to every patient, just as every patient's cancer is unique.

LIMITATIONS OF THE STUDY:

Due to the paucity of time and amount, the present study was conducted in one hospital in Visakhapatnam with 50 respondents only. Some Cancer patients were in very critical condition to respond to the questions and caregivers were reluctant to give details of the patients.

CONCLUSION:

This study is conducted to understand the psycho-social and financial problems of Cancer patients and find out the responsibilities of medical and psychiatry social workers in cancer settings. It is understood that cancer patients have many psychosocial and financial problems. It is found that the majority of cancer patients have a family history. Many cancer patients and their caregivers lose their jobs and stopped their business due to cancer. There is a lot of scope for social workers to implement social work methods such as casework, group work, and community organisation in cancer hospitals (Mutluri Abraham, 2021). There is a need for more government initiatives to provide quality treatment to cancer patients. The organizations and government of India should strengthen their initiatives in eliminating and eradicating psychosocial and financial problems of cancer patients where there should be awareness taking place in different places, cities, districts or communities in order for the people to be educated on the problems, the effects and challenges of cancer.

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